THE

LOUISVILLE MEDICAL NEWS:

A WEEKLY

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"NEC TENUI PENNÂ."

SATURDAY, JANUARY 6, 1883.

Original.

ACUTE MILIARY TUBERCULOSIS.

A Clinical Lecture at the Good Samaritan Hospital, Delivered December 18, 1882.

BY JAS. T. WHITTAKER, M.D.

Gentlemen: When the thermometer was first recommended as a diagnostic agent, it met with ridicule like every innovation. I remember the smile of derision with which the statement was made and received, that we might diagnosticate with it a case of typhoid fever. Contemptuous observations were not lacking of the credulity of a certain class of enthusiasts, who even maintained that a more accurate prognosis could be established by the thermometer than by the pulse, the abdominal symptoms, the facial expression, or that indefinable *tout ensemble* which was supposed to impress itself upon the older practitioner, whose knowledge was alone entitled to respect because it was based upon "experience."

But how little respect is really due to "mystical lore" of this kind is manifest now in the presence of a thermometer in the pocket-case of every practitioner, and in pretty much every household. We watch the range of the thermometer in every case of typhoid fever with an interest that may at any time become intense.

This man came into the house with the symptoms of typhoid fever: he had nose-bleeding, bronchitis, tenderness to pressure over the abdomen, diarrhea, and a roseola. It was a clear case of typhoid fever; but we kept a record of the temperature. It did not show the "step-ladder" rise in the first week, nor the continuous fever of the second and third weeks. It was higher in the morning than in the evening, a most suspicious circumstance. Instead of falling on the twenty-first day or thereabout, it continued, and it still continues now, at the end of the sixth week, long after the subsidence of all typhoid symptoms. Six weeks have now passed, and our patient is no better. On the contrary, he is worse; he has night-sweats, he is reduced in flesh and strength, he has no appetite, and he not only continues to cough, but he has an expectoration, scant, it is true, but of peculiar character, glutinous, flocculent, and so heavy that it sinks to the bottom of a vessel containing water.

His temperature varies now between 101° and 102°; his breathing is shallow, superficial, and hurried on the least effort. There are fine dry râles all over the chest, but there is, as you observe, no dullness; on the contrary, there is increased resonance every where, especially at the apices where there is almost tympanites.

A practitioner of the "experience" school would declare this case to be a relapse of typhoid fever, or at most a complication with caseous pneumonia or phthisis florida. But there is no proof that this patient really ever had typhoid fever; for in the first place there never was any "smoke" about the brain, his mental faculties have always been perfectly clear; and in the second place, a point upon which we lay especial stress, he has never shown the range of the temperature which distinguishes this disease. Now a man may have typhoid fever absolutely without fever, as without any other one symptom of the disease; but such cases are very rare, and we are only justified in accepting them when they occur in connection with other cases distinctly pronounced. Besides, in this case, the abdominal symptoms peculiar to this disease all subsided in the course of the first week, whereas they should have become more marked.

There are cases wherein a differential diagnosis of typhoid fever and tuberculosis is impossible, if we depend upon either the subjective or objective signs. I have seen the most glaring mistakes of this kind made by

the best clinicians in the world. I have seen a diagnosis of typhoid fever tied to the big toe of a patient in the post-mortem room when there was not a sign of disease in the abdomen, and where the smiles that arose on the faces of the pathologists were at the expense of the clinician. Every text-book will teach you that a diagnosis is sometimes impossible. There is not a symptom of either disease that may not be present in either. But how important it is to make a diagnosis, especially in these diseases, because a patient revives from one and dies from the other, in the rule.

In our day we have a means of making an absolute diagnosis, and we have made an absolute diagnosis in this case. We have arrived at it in the simplest possible way. We have examined the sputa under the microscope, and found in it the bacillus tuberculosis which most emphatically and unmistakably stamps the disease.

We have not been content to interrogate the outside of the body for the condition within. We have inquired of the messenger which comes from the seat of the disease, and we have received a definite response.

You may examine and you may infer as much as you please, but you will never know definitely what kind of fluid is in the pleural sac until you put in the needle of the aspirator, and this you can do with a hypodermic syringe and determine the matter while your reflecting neighbor is rummaging the records of his experience, or is ruminating upon the uncertainties of our art. And you may study up all the books in an obstinate case of rheumatism for something else to give the patient for a change, when it may occur to your successor at once to find out some trichinæ as its cause. So have I seen a case of Bright's disease diagnosticated in the twinkling of an eye almost, by the introduction of a catheter into the bladder of a comatose patient who was regarded as an apoplectic; and many a case where a hypertrophied prostrate was detected as the cause of dribbling of urine, and not a paralysis of the bladder, by the quickest and easiest kind of an examination.

These things do not belong to this case, but they do belong to every-day practice, and they teach us when they happen to us that diagnoses are not made in the rule by long reflection, but they come for the most part like a flash. They come because we take the trouble to act.

It is a reflection to our discredit that we did not diagnosticate this case at least by the end of the first week, when the typhoid symptoms proper disappeared; but it was looked upon as anomalous, and it was absolutely believed that it would prove abortive.

The means of recognition of tuberculosis is now such a simple thing that there is no excuse for a mistake in diagnosis. I propose to speak of it now in full; and we will have the patient taken out, as his presence can not aid us, and we have here in this sputum cup all we want for a diagnosis. But let me say something first of the steps which led up to this great discovery:

The gradual evolution of truth is rarely better exhibited in any field of our science than by a review of the principal points connected with the history of tuberculosis, the mystery of medicine, as it has been not inaptly called. The fact that one seventh of all mankind die of it, including one third of the productive population, and that most men are attacked by it at some period or other of their lives, as is evidenced by post-mortem examinations, has always surrounded the study of this disease with the very deepest interest. And the recent disclosures regarding the cause of it have made this interest in our day intense. Moreover, tuberculosis is a subject which concerns the surgeon, the obstetrician, the sanitarian, the specialist in whatever field, in almost equal degree with the physician. The pathologist has always regarded it as the foundation-stone in his science.

The first observations regarding it were of course simply microscopic. It is not surprising to learn, therefore, that consumption was at first an ulceration of the lungs; then solid masses were encountered, the so-called nodules or tubercles which gave the name to the disease. These nodules were observed to be of smaller and smaller size, even down to the granules of the miliary form. With the microscope began the study of the granules and their resolution into cells and detritus. So Hippocrates and Galen speak of ulcerations and suppurations. Sylvius, 1640, first found the nodules, which he believed to be pulmonary glands. Bonnet, 1679, speaks of small tubercles, which Mangetus, 1700, compares to millet seeds. Baillie, 1793, distinguishes tubercles from pulmonary glands, and Bayle, 1810, recognizes them as developed independently of ordinary inflammation. Laennec, 1810, shows that the different kinds of tubercle, which he regards as new formations, represent different ages of the same products. "The recent progress of anatomy," he says, "has shown that these cavities are due to the softening and con-

secutive evacuation of a particular kind of accidental production, to which modern anatomists have applied especially the name of tubercles, a term used in general hitherto for every kind of tumor or abnormal protuberance." Rokitansky, 1842, like Louis before him, adopted the view of Laennec, that the tubercles are neoplasms, and are consequently specific and *sui generis;* a support, as Ruehle remarks, "which seems at last to definitely settle the specific nature of phthisis."

But Virchow, 1847, disturbed the repose of of this doctrine by evolving tuberculosis from any ordinary inflammation with caseous products. This view had been already clearly presented by Carswell nearly a quarter of a century before Virchow; and, having been restated by this great authority, was elaborated in the clinical school, Niemeyer, 1867, to such extent as to completely bury the individuality or specificness of tuberculosis for several decades. The sequence now ran, pneumonia, caseous degeneration, tuberculosis. Tuberculosis was thus a tertiary factor, an accident resulting from the absorption of caseous matter, which was in turn a secondary factor resulting from any kind of inflammation, the primary factor, in a vulnerable subject.

But just about the time of the enunciation of this doctrine the since famous experiments of inoculation were made by Villemin, and from this period, 1865, dates our definite knowledge regarding the pathology of the disease. Villemin's experiments proved the inoculability, and hence the specificness of the disease. But subsequent experimenters failed for a time to secure the same results. The new light in pathology, Cohnheim, illustrious through the comparatively trivial discovery of the emigration of the white blood corpuscles, objected to Villemin's conclusions, with the statement that he could produce the same results by the inoculation of other matter than caseous, in fact, by the inoculation of perfectly indifferent and innocuous matter, like elder pith, india rubber, etc. Thus the specificness of tuberculosis was lost again. But the doctrine would not stay down; on the contrary it kept continually coming to the front. Next, 1878, came the simple experiments of Tappeiner, who found that dogs shut up in boxes and compelled to breathe atomized tuberculous sputa invariably contracted the disease, and with these simple experiments the doctrine of specificness was launched again, this time to remain upon the surface.

The observations of our own decade went with singular unanimity to confirm this view. Cohnheim was among the first to discover the sources of error in his previous experiments, and was the chief to reinstate the individuality of the disease. Not the giant cells, he put it, not the process of caseation, no other factor characterizes the disease except the capability of inoculation. The sole criterion of tuberculous matter is inoculability; and a whole host of ophthalmologists, headed by Harnsell, in 1879, anticipated or confirmed this view.

Meanwhile, the pathologists in various fields had succeeded in establishing the identity of the various forms of tuberculosis. Thus, Köster showed that fungus joint affections were tubercular; Schüppel showed that scrofulous lymph glands were tubercular; Friedländer that caseous osteo-myelitis was tuberculous, and Rindfleisch that all caseous pulmonary phthisis was tubercular. Pott's disease, certain affections of the skin, choroid, conjunctiva, cornea, iris, intima of the blood-vessels, muscular coat of the uterus, were all quickly shown to be of the same nature, and thus the specificity of the disease was gradually put in an unassailable position.

It was the beginning of our century which witnessed the establishment of this fact. But such a doctrine could not sooner be established than search must have been instituted to discover its specific cause. Klebs, Schüller, and Aufrecht claimed to have found a specific bacterium and micrococcus, but neither of them cultivated it or produced the disease. As we all know now, Koch did find it, describe it, cultivate it, and inoculate it in a series of experiments which will fix his name forever in the annals of medicine.

I shall not weary you by repeating again the details of the process by which the bacillus tuberculosis is made visible, nor the description of the bacillus itself. There is nothing new to add on either point. Nor has there been advanced a single objection as yet which is worthy of notice or will receive notice, I fancy, at the hands of the author of this discovery. For the statement of Moxon, that the bacillus may be a product of the disease, like the spermatozoids of the testicle, is a fanciful conception; and the statement of Schmidt that the bacillus is only a fat crystal shows that he was dealing with pseudo-structures and not bacilli at all. Strange things turn out to be true sometimes, but the idea that we may be able to

cultivate spermatozoids or like structures in a suitable soil does not accord with our knowledge of their development, and the fat crystal theory entirely ignores all culture and inoculation experiments in a way that is not creditable to the amenities of science, and does not hence merit notice. Moreover, fat crystals do not hold aniline dyes after immersion in nitric acid.

What is new about the bacillus tuberculosis is the fact that it can be found in all cases of pulmonary phthisis attended with expectoration. Blmumler and Fraentzel, who have just completed an examination of one hundred and twenty cases, declare that they never failed to find it in the sputum, and they never could find it in non-tuberculous sputum; so that the bacillus has a higher diagnostic value than was at first believed. The bacilli are present in greater number in the sputum than in the lung structure (walls of cavities), proof that the sputum is a better nidus for it than the living structure. Moreover, they are always present in greater numbers in the febrile cases than in those which run an afebrile course, or in the stage of pyrexia than in that of apyrexia in the same case. They accumulate by the myriad in cases near the end. It is in these bad cases that the bacilli have overflown the tissue of the lungs to inundate the whole body. It is the swift multiplication of the bacillus and irruption into veins that makes the case of "galloping consumption," that converts a "latent" into a "florid" case. Weigert, of Leipsic, has recently demonstrated all the steps of this process, the tuberculous nodules in the lining membrane of the veins, their erosion, and the "generalization" of tuberculosis by the blood.

Ours is a case which demonstrates the extreme value of this means of diagnosis in a doubtful case; and many a case will occur to you where you will be embarrassed in the differentiation of a case of bronchitis or bronchiectasis from tuberculosis, and you will possess a sure and easy means of reaching the truth by the microscopic test.

Pretty much every case is difficult to diagnosticate at the very inception of the disease, because there is a stage of tuberculosis—I will not say phthisis, because the word, meaning only a symptom, ought to be abolished—which gives rise to no signs of any kind. Many a case so far advanced as to show hemoptysis has no other rational and no physical signs at all, and in all these cases we shall probably be able to make a diagnosis by looking for the cause of the disease.

Not only a diagnosis, but a prognosis too, can we make absolute by an examination of the sputum; for the number and development of the bacilli—that is, richness in spores—stand in direct relation to the progress of the disease. As the disease improves, the number of the bacilli diminishes, to disappear entirely when the patient recovers, or, what is more frequent, again becomes latent. In our case, as in every florid case, the sputum looks as if wholly composed of these structures, so myriad in numbers do they appear to be.

Of prophylaxis I will say nothing here, but it is plain to see that the day is not very far distant when we shall have the disease under control, not by attenuation of the vitality of the bacillus and its inoculation, but by preventing the dissemination of the disease. But that day is distant as yet, and it is especially far away because so many physicians are unwilling to accept the bacillus in its etiological relation to the disease until its acceptance is so universal that the newsboys and bootblacks on the street are familiar with the fact.

It was a long stride in advance when we got the thermometer to help us in a doubtful case, but it was a longer and a stronger stride when the higher powers of the microscope were invoked. You have the good fortune to enter upon the study of medicine when its greatest mystery has been solved, and you will show yourselves worthy of the epoch in which you live by helping, and not by hindering the dissemination of the truth.

CINCINNATI, O.

UNREDUCED DISLOCATION OF THE HEAD OF THE FEMUR IN THE THYROID FORAMEN,

Rendered Interesting and Instructive by the Difficulties of Diagnosis.

BY JOHN STEWART, M.D.

The following case, illustrating a common form of injury, is published to show what errors even experts may fall into concerning diagnosis: On Thursday, June 22, 1882, Laura Miller, aged six, who had never been an hour sick, went to bed as usual quite well. Next morning, when she arose, she complained of pain in walking; and, on being asked by her mother as to the cause, stated that she had fallen out of bed during the night. She continued to walk about the house during Friday, Saturday, and Sunday.

On Monday she walked with an older sister to the house of a surgeon, who lives in the same street. On examining her, the doctor pronounced the case to be one of dislocation; and told the children that he would come to their house, and bring another doctor with him, to reduce the dislocation. Accordingly he came at ten next morning, bringing a colleague. They administered chloroform; and, at the end of two hours, informed the mother that they had succeeded in reducing the dislocation, but that they would have to return and apply an instrument to prevent the bone being again displaced. Accordingly the doctor returned in the evening, and adjusted Liston's long splint. On the fourth of August the mother came to my house and asked me to visit the child. I refused. On the fourteenth of this month (October), she brought the child to my house to have my opinion regarding an instrument which she said the doctor had applied for hip disease. I refused to look at the instrument. On her appealing to me for my opinion, I told her to bring the child in, when I saw that she was wearing an unfitting imitation of Sayre's instrument for hip disease. Telling the mother to take the instrument off, I examined the child and found that she had an unreduced dislocation of the thigh bone in the foramen thyroideum. Learning from the mother that the instrument had been applied by a physician on the recommendation of his consultants, I, next day, called upon the doctor, and requested him to invite his colleagues to come with him to my house, and I would show them the error they had committed, there being not a single indication of hip disease, but every characteristic of dislocation in the thyroid foramen.

By my direction the father of the child brought her to my house on the evening named for the meeting, and I was thus prepared to show (1) that the child stands with the affected limb (the right) advanced in front of the other limb, with the knees separated; (2) that the foot of the affected limb, though widely separated from the other, is turned neither inward nor outward; (3) that the body of the child is bent forward, and to the side affected, by the psoas and iliacus muscles being put on the stretch; (4) that the right limb is an inch longer than the left, which would be two inches in the adult, being the distance of the center of the acetabulum to the center of the thyroid foramen—the degree of lengthening not to be measured from the crest of the ilium, as in *shortening* from *fracture*, for the reason that the thigh is flexed upon the pelvis and the leg upon the thigh; (5) that this lengthening of the limb, bent position of the body, flexion of the thigh and leg, and pointing forward of the foot are, without any other indication, conclusively diagnostic of this particular dislocation; (6) that when the child walks she, by those abnormal positions of the body and limb, describes with the big toe of the affected side an arc of a circle; (7) that the trochanter major is removed from the anterior superior spinous process of the ilium inward and downward, as shown by Nelaton's line, causing flattening of the hip by elongation of the glutei muscles; (8) that the head of the femur is felt in its abnormal position, both by pressing at the anterior and superior part of the thigh, and by the side of the tuberosity of the ischium; (9) that the limb can not be rotated, and is extended and adducted with difficulty. None of the five doctors came to my house, however, to have their errors in diagnosis and treatment proved to them.

Supposing the case was dislocation, and the physicians reduced it, ought they to have applied Liston's splint? Certainly not, for it would not prevent abduction of the limb. They ought to have tied the knees together. And supposing the case was hip disease, ought the limb to have been pulled and twisted for two hours?

The case is easily explained. The child, in falling out of bed, had its right leg caught in the bedclothes, abducted, and dislocated. Of the four dislocations of the hip it is, according to the experience of some, the most common. Certainly it is the most easily recognized and the least troublesome to reduce. The reduction, however, is not to be effected by administering chloroform and violently pulling and twisting the limb, but by gentle flexion, circumflexion, and extension. It was thus reduced before chloroform was born, and is thus being daily reduced without the aid of chloroform. Nor does it require two doctors for its reduction. One surgeon is sufficient. Four months having elapsed, reduction is now an impossibility. The child is thus a cripple for life. As, however, she is young, a tolerable use of the limb may in time be acquired, which would not have occurred by the use of either Liston's splint or Sayre's apparatus, these being intended for an opposite purpose, namely, to *prevent* the use of the limb.

KINGSTON, ONTARIO.

Miscellany.

MYOSITIS OSSIFICANS.—At a recent meeting of the Vienna Medical Society Professor Podrazki exhibited a soldier affected with myositis ossificans. (Lancet.) Four weeks previously the man applied for treatment, on account of an intense inflammation of the muscles on the front of the right upper arm, apparently set up by severe gymnastic exercise. The muscles were uneven, large, and hard, and the elbow-joint was fixed in flexion. The hardness was removed, and some increased mobility was obtained, by masses and the application of cold. At the end of two weeks a hard, round, movable tumor developed in the flexor of the elbow, which was evidently due to an ossification of the brachialis anticus. At first it was movable, the upper part appeared to be cartilaginous, and it was evidently not connected with the periosteum. Podrazki has seen, in the course of nineteen years, two cases in the practice of Pitha quite similar to this in their characters. In those two cases neither iodide of potassium nor any other treatment adopted had any influence. In a discussion which followed, Professor Weinlechner stated that he had twice seen similar small spots of ossification in the muscles on the front of the leg, due, in each case, to a traumatic cause. Kundrat expressed the opinion that some supposed exostoses on the thigh proceed from muscles. Their form and seat correspond to certain muscles. Their greater frequency in men, and especially in muscular individuals, suggest that their origin is traumatic. They constantly become adherent to bone in the course of their growth, and hence are commonly thought to be primary exostostoses.

THE PUBLIC HEALTH.—During the week ending December 16th the annual mortality rate in thirty-four United States cities (San Francisco return of previous week included), having an aggregate population of 7,219,930, was 22.3 per thousand, identical with the rate reported from the large cities of England for the week ending December 2d. The unusual prevalence of diphtheria in this country is inferred from a comparison of the deaths caused by it with the number registered in England. On the other hand, the mortality from measles is greater in England. Boston, Philadelphia, St. Louis, Detroit, and St. Paul record a large mortality from diphtheria. In proportion to population, Buffalo gives the largest number of deaths from scarlet fever. One half of the thirty-two deaths from measles reported from the thirty-four cities occurred in Albany, N. Y. The mortality from smallpox has risen considerably during the week, twenty-seven deaths having taken place as against eight during the previous week. Deaths from this disease were reported from Philadelphia and Pittsburgh, Pa., Chicago, Ill., Louisville, Ky., Nashville, Tenn., New Orleans, La., and Minneapolis, Minn.—*Sanitary Engineer.*

THE announcement of the Post-Graduate and Spring courses of the Medical Department of the University of Louisville will be issued in a few days. We learn that the curriculum has been extended and arranged so as to make these courses of instruction unusually attractive to practitioners desirous of renewing and extending their knowledge, and to students preparing for admission to the profession.

AN able and instructive review of the new Pharmacopeia, by Prof. John A. Octerlony, will be found in this impression of the NEWS.

HEROIC MIDWIFERY.—The following illustration of what ignorance and boldness may achieve under the seal of the profession is found in the latest edition of Leishman's Obstetrics: A practitioner in a remote district having performed the operation of turning, experienced such difficulty in getting the head through the brim that he called in the aid of a medical friend. Under the influence of vigorous efforts, thus reinforced, the body of the child was brought into the world minus the head. After repeated failures to deliver the retained head, the two operators held a council, and after due and solemn deliberation resolved to perform, and actually did perform, what?—the most ingenious and speculative reader can scarcely conceive it—the *cesarean section!*

OUR bright and esteemed contemporary, the Michigan Medical News, has been purchased by Mr. George S. Davis, and will be consolidated with the Detroit Clinic, under the title of the Medical Age. We are pleased to learn that Dr. J. J. Mulheron remains at the head of the editorial staff.

Examine this number of the NEWS, and if not a subscriber, become one now.

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LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

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ANNUS MEDICUS.

As the expectant traveler halts to look back over the road he has come and cast an eager glance ahead, so it is well for the physician to occasionally scan the record of past events and seek a lesson for future guidance. To the progressive practitioner of medicine the past year has been one of great interest, and has brought many triumphs and pleasing rewards, and suggests for the future many promises of those consummations which have so long been devoutly wished. In this country, at least, the year has been one of extraordinary material prosperity, and at this season of annual settlements the doctor may confidently expect that his long-standing account will receive that recognition which is so often and so unjustly delayed. He should ask for his reward promptly and earnestly, and in thus demanding and claiming what is due break down the custom which puts off the doctor till other and less friendly creditors are satisfied.

In all departments of medical science and practice the past year has been one of intense activity. Never before in the history of our profession were so many able workers engaged in pushing forward the physical sciences, among which medicine stands preëminent. In general and special pathology many valuable additions have been made to our knowledge. The demonstration by Koch of the bacillus of tubercle has strengthened the hopes of that large company of industrious and ingenious laborers who, with Virchow at their head, have done so much to place medicine among the exact sciences. As is customary with such discoveries, enthusiasts have claimed more than is warranted, and we should realize that Koch's discovery only suggests that in the bacillus tuberculosis we have a possible explanation of the method of transmission and communication of the tubercular process. It teaches, moreover, that investigation in this line may yet yield far-reaching and brilliant results. Practical therapeutics has, during the past year, confirmed many views previously advanced, and eliminated many errors which had become fastened upon the medical mind. In the application of remedies to disease there has been every where a healthy search for facts and a judicious examination of results.

In surgery there have been many valuable improvements. The all-important subject of the treatment of wounds has received the attention of surgeons throughout the world. When the writer of these lines entered the profession ten years ago the hospital and the clinic were redolent of carbolic acid. The treatment of all wounds and injuries and ulcers by the local application of carbolic acid became a veritable craze among surgeons. The past year has witnessed surgical opinion settle into a realization that the antiseptic method consists in cleanliness and but little, if any thing, beyond. Iodoform has now become the fashionable dressing, and a recent writer tells us that the German surgeons apply this substance to all wounds and pack the cavities of abscesses with it in order to secure safe and prompt healing. Of the antiseptic method proper, only thorough drainage and punctilious cleanliness remain as permanent contributions to our means of treating wounds. In

abdominal surgery brilliant results have been obtained, and conditions of disease formerly considered incurable are now relieved by the bold use of the knife. In other departments of surgery—in obstetrics and in gynecology—many and permanent additions to our knowledge have been made, which our limited space will not permit us to enumerate.

The advance of medical thought in America has been more marked in no department of the science and art than in sanitary science and medical education. In all matters appertaining to the public health there is a degree of activity which has already accomplished much and which is growing daily in efficiency and practical importance. Notwithstanding the croakings of many would-be reformers, our system of medical education is constantly improving. The leading colleges of the East, South, and West are extending the period of study, adding to the curriculum, and improving the methods of demonstrative teaching. These observations are penned with a full appreciation of the many imperfections and shortcomings of the profession in connection with sanitary matters and our system of education; but that we are making steady and substantial progress no reasonable person can deny. We may confidently look to the near future for needed reforms and marked improvements; and in order that they may be permanent, let us hope they will come gradually. The millennium is not yet; but we are constantly advancing.

The lesson of it all is that he who would meet the demands of the hour must be up and doing. Never before was there a time when the duty was so imperative upon the practitioner to read and study the new developments of his science. His greatest aid in all that appertains to the progress of the science and art of medicine and improvement of the work of the profession is the medical journal. No physician can conscientiously discharge the practical duties of his calling without being informed as to the recent improvements in medicine. To present in compact form all that is new and true and practical, gathered from home and foreign sources, and adapted to the wants of the busy practitioner, will be the special aim of this journal. By following this course we hope to make the weekly visits of the NEWS welcome to its readers, and while preserving old friendships to make new ones.

In conclusion, we wish for all our friends and readers a happy New Year. This is the trite form in which the compliments of the season are exchanged, but from one physician to another it means a great deal more. No calling in life is so sublimely epic as that of the practitioner of medicine. His ministrations bring him in contact daily with men, women, and children, amid scenes of trial, anxiety, and sorrow. His triumphs bring joy to all, and often he shares the common sorrow. His happiness is so interwoven with that of his patients that in wishing him a happy New Year we are also wishing success for his labors and health and happiness for those who come under his care. With a full appreciation of these words, the editors of the NEWS wish all their readers a happy—most happy New Year.

THE ARMY MEDICAL MUSEUM AND LIBRARY.—American physicians will observe with regret that the Committee on Appropriations of the House of Representatives has reduced the annual appropriations for the Army Medical Museum and Library one half, allowing $5,000 for the maintenance of both, instead of $5,000 to each, as has been done for the past ten years. It is hoped that the Senate will correct this injustice; and physicians should write personally to their Representatives in both Houses of Congress and remonstrate against this blow aimed at an institution the value of which physicians only can appreciate.

THE county societies of the State of New York continue to instruct their delegates to repudiate the new code.

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The Pharmacopeia of the United States of America. Sixth decennial revision. By authority of the National Convention for Revising the Pharmacopeia, held at Washington, D. C., A.D. 1880. New York: Wm. Wood & Co. 1882. 1 vol. 8vo. Pp. 488.

The National Pharmacopeia is the standard authority as to medicinal preparations. The present revised edition represents the best efforts of the best representative men in the pharmaceutical profession of our country. After having looked over its pages as closely and critically as a rather limited time would admit, one can not help being convinced that in its pages the scientific physician will find all that he really needs in his work of prescribing for the sick, the officinal preparations are so numerous and varied, and include every medicinal agent whose value has been established.

There is then no excuse for the custom, now so common, of prescribing non-officinal preparations—drugs gotten up by manufacturers simply as a matter of speculation, and to catch the fancy of those whose fondness for novelties and change causes them to forget their actual resources in seeking for brilliant results in those of doubtful merit. In the meantime the apothecary is obliged to keep on hand a stock of officinal preparations which physicians neglect to prescribe, and he is forced to supply himself with numerous articles of doubtful efficacy, of ephemeral reputation, doomed to be soon set aside for more recent devices, which in their turn ere long are superseded.

The Pharmacopeia of 1880 is more than one hundred pages larger than that of 1870. It is not only a revision, but a great improvement upon the latter. Many articles of doubtful value, or absolutely worthless and unnecessary, have been dismissed. Among them may be mentioned aconite leaves, the root being now the only officinal part of the plant. Barbadoes and Cape aloes have been dropped; so that Socotrine aloes is the only officinal variety of this drug. Conium leaves being inferior to the fruit, the latter is alone officinal. Pale cinchona, confection of opium, and a number of useless decoctions, such as that of the different varieties of cinchona, of hematoxylon, of senega, and of uva ursi have all been dismissed. The extract of the fresh leaves of belladonna has very properly been omitted, along with some others of uncertain and variable strength.

The pages of former editions were burdened with many useless infusions which have properly been thrown aside The tinctures of jalap and of lupulina, the acetated tincture of opium (the time-honored black drop of bygone days), and the compound tincture of iodine have all been dismissed. The antimonial ointment and plaster, compound iodine ointment, etc., are also no longer officinal.

Many articles have, in this edition, been added to the pharmacopeia. Among them are boric acid, dilute hydrobromic acid, salicylic acid, chrysarobin, amyl nitrite, iodide of silver, caffeine, bromide of calcium. Elaterium, being of uncertain strength, has been dismissed, but its active principle, elaterin, has been added in its place as being of definite composition and uniform strength. Grindelia, eucalyptus, the benzoate, the bromide, and the salicylate of lithium have also been added. That excellent preparation, Dewees' carminative has at last become officinal under the name of Mistura Magnesiæ et Asafetidæ. Oleate of mercury, ten-per-cent strength, has been admitted. Santoninate of sodium is also one of the recent additions, and is much more convenient for administration than santonine, being readily soluble in water. The officinal Latin and English titles of many articles have been changed. In most instances these changes are simply corrections of errors which had been overlooked in former editions, and which had so insidiously crept in as to have the sanction of general usage. Ferrum red*a*ctum has been changed to ferrum red*u*ctum; iodinium to iodum; arsenicum to arsenium and then dismissed. Hence we have tinctura iodi instead of tinctura iodinii, and arsenii iodidum instead arsenici iodidum. Pulvis ipecacuanha compositus (Dover's powder) has been changed to pulvis ipecacuanhæ et opii. A new liquid preparation of opium has also been added in the tinctura ipecacuanhæ et opii; this contains one minim of fluid extract of ipecacuanha in every ten minims of the deodorized tincture of opium. It constitutes really an officinal liquid Dover's powder. The composition of Dover's powder has been improved by substituting an equivalent of sugar of milk for the sulphate of potassium as formerly used.

Among the changes, for which no good reason has been discovered, is the substitution of a terminal *ina* for the terminal *ia* of the alkaloids; thus atropia becomes atro-

pina; morphia becomes morphina; codeia, codeina; quinia, quinina; quinidia, quinidina; cinchonia, cinchonina; cinchonidia, cinchonidina; and strychnia, strychnina.

Some changes have been made in the strength of preparations. These are set forth in the following table by Prof. P. W. Bedford.

Table Exhibiting the Differences of Strength of the Preparations as made according to the 1870 and the present Pharmacopeia.*

Name of Preparation.	Number of parts of active constituent in 100 parts by weight of the preparation.	
	Phar. 1870.†	Phar. 1880.
Acetum lobeliæ,	13	10
Acetum opii,	16.3	10
Acetum sanguinariæ,	13	10
Acetum scillæ,	13	10
Acidum aceticum,	35	36
Acidum aceticum dilutum,	4.5	6
Acidum hydrochloricum dilutum,	7.8	10
Acidum nitricum dilutum,	11.6	10
Acidum phosphoricum dilutum,	9.8	10
Acidum sulphuricum,	about 100	96
Acidum sulphuricum dilutum,	12.1	10
Acidum sulphurosum,	about 6.4	3.5
Alcohol dilutum,	39	45.5
Confectio sennæ,	8.33	10
Extractum aconiti,	leaves.	root.
Extractum conii alcoholicum,	leaves.	fruit.
Ferri et quiniæ citras,	16 quinine.	12 quinine.
Liquor acidi arseniosi,	0.87	1
Liquor ferri chloridi,	35	39
Liquor potassæ,	5.8	5
Liquor potassi arsenitis,	0.87	1
Liquor Sodæ,	5.7	5
Opii pulvis,	10 or over.	12 to 16.
Opium,	about 8.	9 or over.
Opium denarcotisatum,	—	14
Spiritus anisi,	6.8	10
Spiritus camphoræ,	14	10
Spiritus cinnamomi,	8	10
Spiritus juniperi,	2	3
Spiritus lavandulæ,	2	3
Spiritus menthæ piperitæ,	6.4	10
Spiritus menthæ viridis,	6.4	10
Spiritus myristicæ,	2	3
Tinctura aconiti,	47.6	40
Tinctura aloes,	3.3	10
Tinctura aloes et myrrhæ,	each 12.	each 10.
Tinctura arnicæ florum,	23	20
Tinctura asafetidæ,	16	20
Tinctura calumbæ,	15	10
Tinctura cannabis,	36‡	20
Tinctura cantharidis,	3.5	5
Tinctura capsici,	3.5	5
Tinctura catechu composita,	7	12
Tinctura cinchonæ,	25	20
Tinctura conii,	leaves.	fruit.
Tinctura cubebæ,	15	10
Tinctura gallæ,	15	20
Tinctura guaiaci,	23	20
Tinctura guaiaci ammoniata,	23	20
Tinctura humuli,	17.5	20
Tinctura lobeliæ,	15	20
Tinctura myrrhæ,	12	20
Tinctura nucis vomicæ,	3.5 or less.§	2‖
Tinctura opii,¶	9	10
Tinctura opii deodorata,¶	9	10
Tinctura quassiæ,	6	10
Tinctura rhei,	10	12
Tinctura serpentariæ,	15	10
Tinctura stramonii,	15	10
Tinctura valerianæ,	15	20
Tinctura valerianæ ammoniata,	15	20
Tinctura veratri viridis,	55	50
Tinctura zingiberis,	31.8	20
Unguentum acidi carbolici,	12	10
Unguentum acidi tannici,	6	10
Unguentum belladonnæ,	12	10
Unguentum gallæ,	12	10
Unguentum hydrargyri ammoniati,	8	10
Unguentum hydrargyri oxidi flavi,	8	10
Unguentum stramonii,	12	10
Unguentum zinci oxidi,	16	20
Vinum ergotæ,	12.5	15
Vinum opii,	13	10
Vinum rhei,	14	10

*This table embraces all changes which can be considsidered sufficiently great to require notice, and all changes of above one per cent in the strength of preparations used internally. It does not note trifling changes in the composition of preparations intended for external use.

†For liquid galenical preparations the figures in this column are only approximately correct, as the calculation into parts by weight involves the specific gravity, which is subject to considerable variation.

‡In reality 6 of the extract, which is equivalent to about 36 of dry cannabis indica.

§Of dry extract.

‖The actual morphine strength is increased nearly one half.

The division of the articles of the Pharmacopeia into a primary list, embracing those of established value, and a secondary list, containing those of inferior or doubtful value, has been wisely abolished in this edition.

The Pharmacopeia of 1880 is a work of which the committee should feel proud, and for which the whole country owes them a debt of gratitude. It is a splendid work, and must at once receive the high respect to which it is entitled. O.

Speech and its Defects, Considered Physiologically, Pathologically, Historically, and Remedially. By Samuel O. L. Potter, M.A., M.D. Philadelphia: P. Blakiston, Son & Co. 1882.

This is an essay which, under the title of "Dyslalia," won the Lea prize of Jefferson Medical College, Philadelphia, and is now published in book form after slight revision. It is an excellent little work, though, in the opinion of the writer of this notice, the author has given too much space to his periscope, while stammering and other impediments of speech have not received the attention their importance demands. In the course of the ninety-two pages of reading matter thirty-three pages are devoted to the history of the treatment of dyslalia. All this, of course, is of little interest to the physician of the present day. The necessity of giving more attention to difficulties and impediments of speech makes any work upon this subject welcome. W. C.

A Criticism and Refutation, by Mrs. Ernest Hart, of Dr. Norris's Third Corpuscle of the Blood. This is a brochure reprinted from the London Medical Record, October, 1882.

To properly appreciate Mrs. Hart's admirable criticism it will be necessary to

briefly review the subject-matter under discussion. In November, 1878, Dr. Richard Norris read a paper before the Birmingham Philosophical Society, claiming to have discovered a third or invisible corpuscle in the blood, which could be rendered visible by a peculiar method of manipulation, viz. packing and changing the refractive index of the serum. The freshly-drawn blood was mixed with a saturated saline solution and then placed in contact with the edge of a cover-glass and slide tightly bound together. By capillary attraction the corpuscles were drawn between the glasses till they reached a spot where they could not pass owing to the close contact of the glasses. The serum drains off and the corpuscles "pack" together. By mixing carmine with a saturated solution of salt the invisible corpuscles can be stained. Dr. Norris claims that normal blood teems and swarms with these colorless bodies. These corpuscles, Dr. Norris claimed, are young, immature bodies, and a new and ingenious theory of blood-formation was offered.

This paper was widely commented upon. The London Medical Record for January, 1880, contained an elaborate criticism of Dr. Norris's paper, written by Mrs. Ernest Hart. This fair critic, in a most logical and convincing manner, demonstrated that the methods of Dr. Norris would cause the appearance he described as nominally existing. She proved that the excessive pressure to which the corpuscles were submitted by the packing process would cause them to lose their hemoglobin, which tinted the serum, changing its refractive index and rendering visible corpuscles which had lost their coloring matter.

Another striking experiment was made by Mrs. Hart. Blood from the same subject, at the same sitting, was mixed, respectively with a five-per-cent solution of sodium sulphate and a saturated solution of sodium chloride, and the corpuscles counted by means of a hematometer. The mean counting gave in the sodium-sulphate solution 4,920,000 corpuscles per cubic millimeter, and in the saturated-salt solution 3,260,000, showing that about *one third* of the corpuscles had been rendered invisible by the salt solution.

A few months ago Dr. Norris published a book, "The Physiology and Pathology of the Blood," in which he gives his views of the morphology of the third corpuscle and describes his methods of demonstrating it. The book is illustrated with one hundred and ninety-six photographs, and gives fully the views and deductions of Dr. Norris. The first part of this book is a republication of his original essay, but modified in many important respects to conform to the criticisms of Mrs. Hart. The author is very ingenious in devising methods for demonstrating his "third corpuscle." He now relies upon the following processes: (1) Absolute alcohol; (2) a two-per-cent solution of osenic acid; (3) a seventy-five-per-cent solution of sodium chloride; (4) a soluble colloid; (5) the packing when fresh blood is seen under their flexible mica covers.

Mrs. Hart, in her last criticism, claims that upon reading Dr. Norris's republished paper, often altered in an exactly opposite sense to the original, without explanation, and his reply to her first criticism upon the original text, published now for the first time in the same volume with the altered text, it is sometimes difficult to discover to what her strictures allude. She examines Dr. Norris's new methods *seriatim*, and to our mind proves beyond the shadow of a doubt that the invisible corpuscle is the artificial production of the methods used, and is nothing else than a red corpuscle decolorized out of the body, and is not an actual living corpuscle of the blood.

Mrs. Hart's paper is a model criticism. Dr. Norris's theory in itself is beautiful and complete, and assumes to explain some of the darkest secrets of physiology; but it rests entirely on the demonstration of the existence of the invisible corpuscle as a normal element in the blood. Since this fact has been so skillfully disproved by Mrs. Hart the entire theory falls to the ground.

[We are indebted to our friend Professor Marvin, an expert in all microscopical matters, physiological and pathological, for this excellent review of Mrs. Hart's admirable essay.

The learned author of the brochure is as charming socially as she is erudite scientifically, and is besides in philanthropic works one of London's leading laborers. The temperance cause in England is much indebted to Mrs. and to Mr. Ernest Hart, and in the establishment of temperance coffee-houses in London these honored members of our profession have been conspicuously active and efficient.]

THE invasion of a cemetery recently in Philadelphia by body-snatchers has created quite a sensation in that city.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

I know of nothing of especial importance that has transpired in the medical world here the past few days. Since the death of Dr. Draper several weeks ago we have not sustained the loss of any very prominent member of our profession. However, we join with our London brethren, as does the physician every where, in mourning the death of that clear, pure, beautiful writer, Sir Thos. Watson, who a few days since died in his ninety-first year. The venerable baronet died peacefully, remarking to his old pupil and friend, Dr. George Johnson, "This is the beginning of the end." We also note the death of Sir James Alderson, who was president of the Royal College of Physicians 1869–70, and with whose work on Diseases of the Stomach and Alimentary Canal you are familiar. We likewise deplore the death, which occurred last week, of that distinguished American physician, known so well to all of us, Dr. J. Forsyth Meigs, of Philadelphia.

The health of Dr. W. H. Van Buren is at present so much impaired that he is not delivering his lectures on Surgery at Bellevue, his chair being filled (and very satisfactorily too) by Prof. Dennis.

The appointment, by the newly elected Governor of New York, of Dr. Joseph D. Bryant, Professor of Anatomy at the Bellevue Medical College, upon his staff as Surgeon-General, is pretty generally considered, I believe, a judicious and satisfactory selection.

Dr. Frank H. Hamilton, who was prostrated some days ago by an attack of hemoptysis, has so far recovered as to be able to be about the house, though he has not yet driven out.

The Nestor of American Surgery, Dr. S. D. Gross, was in the city last week. I saw him at the College of Physicians and Surgeons during a lecture by Prof. Markoe, and at the close of the lecture the students gave him a deserved and generous welcome. Dr. Gross thanked the students, said his purpose here in New York for several days was to hear some of its distinguished teachers, complimented the lecture just heard, and stated that he doubted whether it would have been *more* impressive had it been delivered in Philadelphia. In the course of a few remarks he said that in the winter of 1850–51 he occupied the chair of surgery (made vacant by the retirement of Prof. Valentine Mott) in the University of New York; that 'twas a good college, the prospects of the school then being excellent, but not so good, he thought, as the school he left in Kentucky, the University of Louisville; so he returned there. He seemed full of life and activity, looked well, and as though (which 'tis hoped will be the case) he would yet live to enjoy many years of usefulness and happiness. Do you not feel proud of the University of Louisville when you remember that it has had such teachers as Gross, Drake, Flint, Yandell, Silliman, and Caldwell?

A Massachusetts M.D., Dr. Ayer—worth a million dollars—who voluntarily placed himself in an institution near the city, several months since, to be cured of the opium habit, and who the physician in charge considered as almost entirely relieved, killed himself by cutting his throat with a razor last week.

The two medical schools recently organized here—the Post Graduate and the Polyclinic—for the benefit of practitioners, will not, as do the others, have a vacation during this week Christmas. The latter school, I understand, has much the larger class, which is doubtless due to their giving more, indeed almost exclusively, *clinical* instruction. I have seen somewhat of its working, and find it not unlike the great Polyklinik of Vienna. Indeed, while in the surgical room of Dr. Gerster, his large German class and his own characteristic German enthusiasm forcibly reminded me of my student days among the Viennese. I learn that two of the teachers, Dr. V. P. Gibney, on Orthopedic Surgery, and Dr. Brandeis, on Laryngology and Otology, are Kentucky men, while the secretary and moving spirit of the institution, Dr. John A. Wyeth, Professor of Surgery, is also a southern man—a North Carolinian and a graduate of the University of Louisville. Dr. Gibney is and has been for some years the Chief Assistant at the Hospital for the Ruptured and Crippled, corner Forty-second Street and Lexington Avenue, and is one of the best authorities and most prominent men in the city in his specialty.

The New Yorkers have many resting-places for their departed friends, and the cities of the dead do not in their growth seem to lag far behind those of the living. Greenwood Cemetery, the largest, whose first inhabitant was moved there less than forty years since, has now a population of more than two hundred thousand.

The coming three or four months, as is always the case, will be so severe upon elderly people and those suffering from pulmonary trouble, indeed upon those chronically weakened and "fagged out" from every cause, that many such, through the advice of their physicians, are seeking a more congenial climate—in Florida, particularly.

Drs. Austin Flint, T. Gaillard Thomas, and the present incumbent, Dr. Fordyce Barker, are candidates for the presidency of the Academy of Medicine; election to be held at their first meeting in January. At the last meeting of the Academy the two former gentlemen requested that their names be withdrawn, but the president insisted that such should not be the case, and expressed the hope that one of them be elected.

The Northwestern Medical Society, having a surplus of money, has presented the Journal Department of the Academy with one hundred dollars.

At the Academy of Medicine, Thursday night, after the presentation of a marble bust, which is evidently a fine piece of art, and said to be a good likeness of the late Prof. James P. White, of Buffalo, by Dr. Austin Flint, and its acceptance on the part of the society through Dr. T. G. Thomas, two papers were read. The first was a short one, entitled A Contribution to the Subject of Removal of the Uterine Appendages (Tait's operation) for Recurrent Pelvic Inflammations, with Pathological Specimens, by Dr. T. Gaillard Thomas, and the second was by Dr. Henry J. Garrigues, on Gastro-elytrotomy (Thomas's operation) compared with Oöphoro-hysterotomy (Porro's operation). Both the papers were very interesting and valuable. The latter being the paper of the evening, was much longer, and discussed at greater length than the former, which was but a brief report of four cases, with a few remarks. In order not to consume so much space in one letter, I will only allude to Dr. Thomas's paper, and add a few remarks made by that other distinguished author, Dr. Emmet.

Dr. Thomas asserted that his paper was based upon a remarkable essay in the British Medical Journal of July 29, '82, by Dr. Lawson Tait, in which the latter set forth views entirely at variance with those heretofore held by the profession. He felt convinced that these advanced views of Mr. Tait were destined to make for themselves a place, and characferized his treatment as at once original and bold, yet did not feel warranted by his own experience and observation to accept all of his views. Said Henry Bennett, of England, Simpson, of Scotland, and Sims, of America, had given a vast deal of attention to the uterus, whilst the great field of the uterine appendages had been left almost untouched. He thought that a wholesome revolution was now occurring, and that Mr. Tait's paper was a most opportune effort to cast light where the darkness was most dense in gynecology.

Dr. Thomas said: Some of the original points in Mr. Tait's paper are, first, that the idea formerly held, that the laparotomy operation is so dangerous that it ought not to be done until the patient's life was in extreme jeopardy, is now exploded; then, that the usually accepted theory that menstruation was dependent upon ovulation was false, the tubes being the seat of this phenomena: again, that a great deal more depends upon the tubes than has been thought; that in chronic ovaritis there is chronic salpingitis, and often dropsy of the tube; that the mortality in his last operations was one in thirty-five, and might be less.

The removal of the uterine appendages, he said, has nothing to do with ovariotomy, which is an operation for the removal of a large and increasing tumor which will destroy life, but an operation to give relief to certain menstrual troubles, which, whilst they may not jeopardize life, yet make it well nigh unbearable. Prof. Hegar, of Germany, was the first to perform the operation, which he did July, 1872, and which was followed in five days by Mr. Tait, of England, and then, without the knowledge of either of the former operations having been done, for they were not published, by Dr. Robt. Battey, of Georgia, in the month following, August. Dr. Battey's operation was original, though preceded by two operations since he first published it to the world, and to him the credit and honor are justly accorded. The operation that will receive the name of Tait, is removal of the fallopian tube as well as the ovary, because he believes it the seat of disease.

He reported four cases, which are of too recent date to draw any reliable deductions as to the remote results of the operation. All of these operations were done under the strictest antisepticism, except the *spray* was used only *during* the operation. There were three recoveries and one death.

I append the history of three of Dr. Thomas's cases in his own words: Miss F., aged twenty-two years, began menstruating at fourteen, and from the first suffered

dreadfully with dysmenorrhea. For the past year pain had been almost constant, and was especially bad at time of menstruation, when she had to be almost semi-narcotized. Her attending physician says that during her last menstruation she was in an alarming condition, her pulse being scarcely perceptible for several hours. The friends of the patient gladly consented to any proceedure that would give her relief, even if it were death itself. I operated, and found the ovaries filled with small cysts, the fallopian tube enlarged, its lining membrane being bathed with pus—that condition described by old writers as prefluent dropsy of the tubes. My little finger could pass into the tube easily, and upon squeezing it pus poured out from it. She recovered; health is better than it has been for months, and she says she feels well.

Mrs W., twenty-five years of age, married for three years; has had one child, now eighteen months old. She began menstruating at seventeen years of age, and prior to her marriage she had no trouble from it. Nine months after confinement she had an attack of pelvic inflammation, just at the time lactation ceased and just when menstruation began again. Was never well since birth of child; felt dragged out, suffered constant pelvic pain, difficulty of locomotion, had leucorrhea, indeed was almost bed-ridden. I found, upon examination, partial laceration of cervix and perineum. Decided to make exploratory incision to be followed if need be by Tait's or Battey's operation. Found ovaries very slightly diseased, but tubes distended with a large quantity of pus. Removed with some difficulty both ovaries and tubes.

Miss M., twenty-seven years of age, entered my private hospital in September last. Menstruated first when fourteen years old, always having a great deal of pain. Says two years since caught cold and was sick; this was a sharp attack of pelvic peritonitis. Has since then kept her bed nearly all the time; grown emaciated, and as she lay in bed looked like one in third stage of phthisis. She had night sweats; pulse was never below 120, nor temperature below 100°; had irritable stomach, etc. She required two persons to assist her in getting from her bed to a chair. I tried to build her up, but after a month's treatment she would have a slight flurry of pelvic peritonitis, which would throw her back and leave her in a worse condition than ever. We thought she would not live until spring, and her friends, appreciating the more than ordinary dangers of an operation in her case, decided to have it done. Operated, and found ovaries not much diseased, but there was tubal dropsy, the tubes being bound down by false membrane and requiring considerable force to tear them away. The intestines did not come down into the pelvis, as the fallopian tubes were so large they filled up the pelvic cavity. The operation was a tedious one, requiring fully an hour of active work. Within twenty-fours after, an insidious attack of peritonitis made its appearance, and the patient died on the sixth day. This was indeed a bad case; her friends, none of the six or eight physicians present, including myself, having any hopes of her recovery, and there is nothing in the case that might be considered as arguing against Tait's operation. I wish to hold up the hands of an original and brilliant operator.

Dr. Thomas said that he had done twenty-one operations—Battey's, Tait's, and Hegan's—with four deaths; that Dr. Battey's last report (Agnew's Surgery) was fifteen cases and three deaths; while Mr. Tait up to last July had seventy-five cases and six deaths, of his last sixty-one losing only three, and out of the last thirty-five having but one death. So also the favorable results of Keith and Wells in ovariotomy were far greater than that of any American ovariotomist. He could n't account for our English brethren being so far ahead of us in this field of surgery; and he said this difference could not be altered by argument; it must be met by results. Dr. Thomas is evidently a believer in Tait's operation, and thinks it has a great future before it. The specimens were quite interesting, several of the tubes presenting the appearance of an ordinary sized sausage.

Dr. Emmet said: "I have had no personal experience in Tait's operation; never saw Mr. Tait do this operation while I was abroad the past summer; though I saw some sixty specimens, all of which he had removed, I think, during the past eighteen months. Saw nothing that impressed me so much or puzzled me so exceedingly. Where they all came from, or what is the explanation of it, I do n't know. Have made a great many post-mortem examinations, but never saw this condition of the tubes a dozen times in my life. Was surprised to see how well these women who had been operated upon looked, their appearance being improved rather than injured by being thus unsexed. Am at a loss to explain the

difference in results of such operations in England and America. Tait is certainly most successful. He ignores every thing regarding Listerism, and always has women instead of men to assist him. The impunity with which he goes into the abdomen is interesting. There can be no question about his success. Saw him remove a fibrous tumor that weighed probably forty pounds, together with the entire uterus, and the patient was up in two weeks. As to his operation upon the broad ligament, I am not yet prepared to do it. Must first have more light upon the subject."

But for consuming so much time and space, I would delight in giving you the views of the other gentlemen who took part in the discussion.

Mr. Lawson Tait's idea that the phenomena of ovulation must depend upon the fallopian tubes, and not on the ovaries, is strange. Without any practical knowledge upon the subject, I am disposed to look favorably upon his theory as regards the removal of the tubes with the ovaries, giving relief to many of those troublesome and heretofore seemingly hopeless cases of recurrent pelvic peritonitis and cellulitis. With the many improvements that experience usually brings in a new operation, as well as in the after management of such a case, we may very reasonably hope that the percentage of deaths will be, for a time, at least, continually diminishing, and that Tait's operation will become a recognized, useful, and much practiced one.

Dr. Garrigues's paper was quite valuable, and elicited an interesting and animated discussion, participated in by several of New York's most distinguished surgeons. One, a prominent teacher and author, was, I think, almost if not altogether a champion of that classical operation, cesarean section.

But pardon me. I must not get upon that subject. These observations have already extended beyond their intended limits. Your excellent journal has many readers in the metropolis, who receive it with pleasure and profit, and witness its continued improvement with agreeable satisfaction. Wishing you a happy, prosperous New Year,

I am very truly yours,

GLEANER.

AN appropriation of $100,000 has been made by the Government for the erection of an army and navy hospital at Hot Springs, Arkansas.

Selections.

ON FREE REMOVAL OF MAMMARY CANCER, WITH EXTIRPATION OF THE AXILLARY GLANDS. — By W. Mitchell Banks, M.D., F.R.C.S.

I happen to live in a district where cancer is common. Liverpool is in an area which the Registrar-General's statistics show to be clearly of a malignant habit. The reason of this I can not say, but it is a fact; and possibly thus it is that my attention has been for some time drawn to the subject. In 1877 I published a little article in the Liverpool and Manchester Medical and Surgical Reports, based upon a paper read before a meeting of the Lancashire and Cheshire Branch of the Association. In it I asserted that surgeons did not remove cancers of the breast. Five years later, before the whole Association, I reassert the statement. Surgeons, as a rule, do not remove cancers of the breast. They persuade their patients that they do, and they almost persuade themselves; but there is always that little bit which they leave behind, and which, they fondly hope, will not grow, because it is *such* a little bit. Alas! that so little leaven should leaven the whole lump. If one turns to the surgery books of one hundred and fifty or two hundred years ago, the true method of removing a cancerous breast will be found. The breast was laid hold of with great pincers, and, having been cut clean off, the surface was rubbed over with a red-hot poker. Against a proceeding so shocking to the age modern taste revolted, and so for many years surgeons have been removing a little elliptical bit of skin including the nipple, and have been carefully dissecting out the mamma. Then the remaining skin, all impregnated with cancer-germs, has been carefully laid down again, and neatly stitched together, so that every thing should heal up quickly. Hence removal of a cancerous breast in this way came to be considered a safe proceeding. Very few people indeed died from the operation—very few indeed. Unfortunately they *all* died at a little later period from want of a little more of it. Hence, looked at from another point of view, it was the most useless of all operations, inasmuch as it never effected a cure. My present contention, therefore, is for a return to the old plan of sweeping every thing away, and leaving a great hole, if you like. The operation will no longer be the bit of surgical tailoring that it has been, and many more

patients will die from it; but many more also will be spared to live useful lives, and escape the horrors of a return—tenfold worse than the original mischief.

The breast-wound being settled, the incision should be carried up into the axilla about an inch below the margin of the great pectoral muscle. Then comes a strong temptation to dissect down the lower flap, and lay bare the latissimus dorsi and the subscapular artery. There is very seldom any occasion for this; and when it is done, if suppuration occur, a pocket for pus is left, I have twice seen the pus filter its way right to the back, and have had to make a counter-opening just below the angle of the scapula. With regard to the lower glands, they are capable of easy removal, and even the highest ones can readily be brought down from the very top of the cavity and pinched away by the nails of the thumb and forefinger. I have never yet found occasion for dividing the pectoral muscles, as even in the three instances mentioned in the list, where I was unable to remove the glands, I saw them quite clearly, but was afraid to take away so much of the vein (to which they were closely adherent) as would have been necessary to remove them thoroughly. One must try this a little more. I last week removed an inch and a half of the internal jugular, along with some cancerous glands of the neck, and the patient did not seem in the least affected by the performance.

Now, having cleared out the axilla forty-one times, I have naturally come to know something about the state of the glands; and the first point was the recognition of the fact that until we have these glands in our hand, and have split them open with a knife, we can not tell whether they are infected or not. The usual fumbling in the axilla which is practiced by surgeons tells nothing. When the glands are as big as walnuts, any first year's student can tell they are affected; but there is a stage—the earlier stage—when they are certainly infected, and yet when to the touch, through layers of skin and fat, nothing amiss can be felt. As a result of this, I came to the conclusion about three years ago that *in every case where the breast is removed the axilla should be cleared out as a necessary accompaniment;* and this I beg to urge upon the meeting. The one operation is useless without the other. As you can not tell whether the glands are infected or not, remove them and dissipate the doubt.—*British Medical Journal.*

SULPHO-CARBOLATE OF SODIUM IN VOMITING OF PREGNANCY.—Philip Miall writes (British Med. Journal): I find it rarely fails to give some relief, and in some cases the benefit is extremely marked. I give in doses of seven grains in half an ounce of water. Though sometimes decidedly useful in the vomiting of displaced or other abnormal conditions of the uterus, it is less uniformly so than in pregnancy, probably because flatulence is a less constant factor in the former cases. The drug will perhaps be beneficial against sea-sickness, taken every two hours from the time of sailing.

INTRA-UTERINE VACCINATION.—Dr. Truzzi vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*Centralblatt für Gynäkologie.*

VOMITING IN PHTHISIS.—To relieve this symptom, Dr. Woillez painted the pharynx with a solution of bromide of potassium, and found it very useful. A pencil of charpie dipped into a solution of pure bromide in two thirds of water was passed rapidly into the pharynx before meals, the patient being required to abstain from expectoration after as long as possible. In several cases the vomiting was arrested by the first application, while in others the action, though less immediate, was beneficial.—*Jour. de Thérap.*

SYPHILIS was introduced into Europe in 1492, and first treated by inunction in 1497. Paracelsus first gave mercury internally in 1570; and until 1812, in this country, there could be little doubt that mercury had poisoned fatally perhaps as many patients as had been killed by syphilis, which until 1836, when Wallace of Dublin published in the Lancet his account of the treatment of tertiary syphilis by iodide of potassium, must have been a terrible disease.—*Dr. Drysdale, of London.*

SALICYLATE OF SODA IN SCARLATINA.—Dr. James Couldrey, in the Lancet, writes: "In an epidemic of scarlatina of a severe character I have gotten very great benefit in seven cases by the prompt exhibition of salicylate of soda in doses of fifteen grains every two hours to adults, until singing in the ears is produced, and then every four hours during the first week."